

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WW	68904	3/24/00
O.I.P.E. CLASSIFIER		15	33100
FORMALITY REVIEW	X	70.7	5-23-
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/24/00
2	✓	✓	3/24/00
3	✓	✓	3/24/00
4	✓	✓	3/24/00
5	✓	✓	3/24/00
6	✓	✓	3/24/00
7	✓	✓	3/24/00
8	✓	✓	3/24/00
9	✓	✓	3/24/00
10	✓	✓	3/24/00
11	✓	✓	3/24/00
12	✓	✓	3/24/00
13	✓	✓	3/24/00
14	✓	✓	3/24/00
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16	✓	✓	3/24/00
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45	✓	✓	3/24/00
46	✓	✓	3/24/00
47	✓	✓	3/24/00
48	✓	✓	3/24/00
49	✓	✓	3/24/00
50	✓	✓	3/24/00

If more than 150 claims or 10 actions  
staple additional sheet here

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Claim	Final	Original	Date
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Claim	Final	Original	Date
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